



DEPARTMENT OF EMPLOYEE RELATIONS
TRAINING AND EXPERIENCE QUESTIONNAIRE FOR

WATER TREATMENT PLANT OPERATOR

Any format modification made to this document will result in immediate rejection

Name: _____

Mailing Address: _____

Day Phone No.: (____) _____

Evening Phone No. (____) _____

Best time to reach by phone: _____ (AM / PM)

WE URGE YOU TO MAKE COPIES OF ALL APPLICATION MATERIALS YOU SUBMIT.

Important: A resume is not a substitute for this questionnaire. This questionnaire is an important part of the selection process. The information provided is subject to verification with your employers and will be used to select the most qualified candidates. Credit will not be given for incomplete or incorrect information and may result in disqualification or removal from a City position. Please use **BLACK INK** (required for reproduction purposes).

SUBMIT WITH APPLICATION FORM TO:

City of Milwaukee
Department of Employee Relations
200 East Wells Street, Room 706
Milwaukee, WI 53202-3554

READ CAREFULLY BEFORE SIGNING: The answers to the questions on the attached pages are true and complete to the best of my knowledge. I understand that falsification of this form may result in disqualification or removal from a City position.

YOU MUST SIGN AND DATE THIS FORM.

SIGNATURE _____ DATE _____

I. EDUCATION

A. List below the education you have received since high school:

| NAME AND LOCATION OF SCHOOL | DATES ATTENDED | | NO. OF CREDITS EARNED | MAJOR/MINOR | DEGREE & MO./YR. EARNED |
|-----------------------------------|-------------------|----|-----------------------------|-------------|----------------------------|
| | From | To | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

B. Certifications/Licenses: List any certifications/licenses you possess and include dates.

C. Associations: List any associations you belong to and the length of time in each.

II. EXPERIENCE

List below all job-related work experience. Treat each change of job title as a new entry. Begin with your present position and work back. (If necessary, attach additional sheets using the same format.)

A. Present Employer

1. Title _____ From _____ To _____
(month/year) (month/year)

2. Employer _____

3. Address _____

4. City _____ State _____ Zip Code _____

5. Supervisor's Name and Title _____

6. Describe your experience for this position in terms of your duties and specific responsibilities. Indicate the percentage of time spent in each area.

| | |
|---------|-------|
| _____ % | _____ |
| | _____ |
| | _____ |
| _____ % | _____ |
| | _____ |
| | _____ |
| _____ % | _____ |
| | _____ |
| | _____ |
| _____ % | _____ |
| | _____ |
| | _____ |

B. Previous Employer

1. Title _____ From _____ To _____
(month/year) (month/year)

2. Employer _____

3. Address _____

4. City _____ State _____ Zip Code _____

5. Supervisor's Name and Title _____

6. Describe your experience for this position in terms of your duties and specific responsibilities. Indicate the percentage of time spent in each area.

| | |
|---------|-------|
| _____ % | _____ |
| | _____ |
| | _____ |
| _____ % | _____ |
| | _____ |
| | _____ |

| | |
|---------|-------|
| _____ % | _____ |
| | _____ |
| | _____ |
| _____ % | _____ |
| | _____ |
| | _____ |

C. Previous Employer

1. Title _____ From _____ To _____
(month/year) (month/year)

2. Employer _____

3. Address _____

4. City _____ State _____ Zip Code _____

5. Supervisor's Name and Title _____

6. Describe your experience for this position in terms of your duties and specific responsibilities. Indicate the percentage of time spent in each area.

| | |
|---------|-------|
| _____ % | _____ |
| | _____ |
| | _____ |
| _____ % | _____ |
| | _____ |
| | _____ |
| _____ % | _____ |
| | _____ |
| | _____ |
| _____ % | _____ |
| | _____ |
| | _____ |

III. Briefly describe any other training and experience you have had which would qualify you for this position - if you have not provided the information elsewhere on this form.

[illegible]